

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Boy -</u>			
DATE OF BIRTH* <u>May</u> <u>12</u> <u>1909</u> (Month) (Day) (Year)			
FULL NAME	FATHER <u>Jesse Robert Campbell</u>		
FULL MAIDEN NAME	MOTHER <u>Felice Roth</u>		

I HEREBY CERTIFY that the child described herein
has been named

Jesse Robert Campbell
(Give name in full) (Surname)

Mrs Felice Campbell
(Parent's Signature)

Dr Wightman
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41